

G.S.		REQUEST FOR ALLOWABLE AND		Supersedes Old C-104 and C-105 Effective 1-1-65	
D OFFICE		AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS			
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PRORATION OFFICE					
Operator Getty Oil Company					
Address P. O. Box 1351, Midland, Texas 79702					
Reason(s) for filing (Check proper box)					
New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>		Skelly Oil Company merged with Getty Oil Company effective 1-31-77	
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		Dry Gas <input type="checkbox"/>	
				Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner Skelly Oil Company, P. O. Box 1351, Midland, Texas 79702					

II. DESCRIPTION OF WELL AND LEASE					
Lease Name Myers Langlie-Mattix Unit		Well No. 1311	Pool Name, including Formation Langlie-Mattix		Kind of Lease State, (Federal) or Fee
Location		Loose No. NM-037667			
Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u>					
Line of Section <u>6</u> Township <u>24S</u> Range <u>37E</u> , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
None - Input							
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
None							
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA										
Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded		Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL				(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)			
Length of Test		Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.		Gas - MCF	

GAS WELL							
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)		Choke Size	

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED _____, 19____	
(SIGNED) LELAND FRANZ		BY _____	
(Signature) Leland Franz		Orig. Signed by	
District Production Manager		Jerry Sexton	
(Title)		Dist. I. Supv.	
February 1, 1977		TITLE _____	
(Date)		This form is to be filed in compliance with RULE 110A.	
		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	